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Attorney Docket No.: P-6125Date: January 12, 2001

BOX: PATENT APPLICATION
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 PATENTS
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 37 CFR 1.10 on the date indicated above and is
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Stephanie Warner-Wallace

Name (typed or printed)

Stephanie Warner-Wallace
 Signature

Sir:

We enclose the following papers for filing in the United States Patent and Trademark Office
 in association with a new patent application:

By: Evelyne LE STRAT, Catherine LERETAILE and Stéphane GOSNE

For: PROCEDES ET DISPOSITIFS DE TRAITEMENT POUR L'EMISSION DE
 SYMBOLES D'INFORMATION SUR DES CANAUX MULTIPLEXES, ET DE
 TRAITEMENT CORRESPONDANT POUR LA RECEPTION

- ☒ Patent Cover Page - 1 sheet.
- ☒ Application - 40 sheets; including 14 claims total.
- ☒ 8 sheet of drawings (informal).
- ☐ Declaration and Power of Attorney.
- ☐ An Assignment of the invention to _____, a corporation of
 the State of _____.
- ☒ Benefit of the filing date of French Application No. FR 00 00494 filed January 14, 2000 is
 claimed pursuant to 35 U.S.C. 119.

- ☐ A certified copy of _____, Application No. _____.
- ☐ A Verified Statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.
- ☐ An Information Disclosure Statement Under 37 CFR 1.97, including ____ references.
- ☒ The filing fee has been calculated as shown below:

	(COL. 1) NO. FILED	(COL. 2) NO. EXTRA	SMALL ENTITY	OTHER THAN A SMALL ENTITY
FOR:			RATE	FEE
BASIC FEE				\$ 710.00
TOTAL CLAIMS	14 - 20 =	*0	x 9 = \$	0 x 18 = \$ 0
INDEP CLAIMS	- 3 =	*0	x 40 = \$	0 x 80 = \$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 135 = \$	0 + 270 = \$ 0
* If the difference in Co. 1 is less than zero, enter "0" in Col. 2.			TOTAL \$	OR TOTAL \$ 710.00

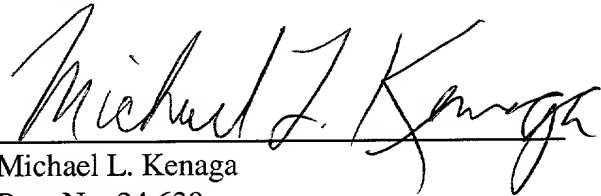
- ☒ A check in the amount of \$710.00 to cover the filing fees is enclosed.
- ☐ Please charge our Deposit Account No. _____ in the amount of \$_____. A duplicate copy of this letter is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional filing fees that may be required under 37 CFR 1.16 for this application and for any amendment thereto, or credit any overpayment to Account No. _____. A duplicate copy of this letter is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. _____. A duplicate copy of this letter is enclosed.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ The Issue Fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

Please address all telephone calls to Michael L. Kenaga at telephone number (312) 368-8937.

Please address all correspondence to:

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Respectfully submitted,

A handwritten signature in cursive script, reading "Michael L. Kenaga", written over a horizontal line.

Michael L. Kenaga
Reg. No. 34,639

FOR FIDELITY & SECURITY